Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING: 01									
		HAL059012	B. WING		04/1	2/2016						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
HOUSTON HOUSE 9460 HWY 64 UNION MILLS, NC 28167												
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE						
{C 000}	Initial Comments		{C 000}									
	Report of Follow-up Survey by Dennis Harrell on 4-12-2016.											
	Some deficiencies were not corrected. Further action is required.											
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.		{C 189}									
	fire rated walls and, in several locations are not sealed with one-hour fire rated possibility that a fire quickly spread to of Findings include: d. Unsealed penete. Unsealed penete washer, f. Unfinished repair g. Damaged wall in h. Crack in corrido	vation the required one-hour /or ceilings were compromised . Holes and penetrations that materials approved for use in construction present the e that begins in one space can ther areas of the facility. ration in pantry ceiling, ration in wall behind clothes										

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED							
			A. BOILDING.	. • • •	F	₹						
		HAL059012	B. WING		04/1	2/2016						
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{C 199}	Continued From page 1		{C 199}									
{C 199}	Exhaust Ventilation		{C 199}									
	provided with exhautwo cubic feet per in requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not app This Rule is not me Based on observatia a window for ventiles.	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in inces: rage; toilet rooms; closets; and apply to new and existing apply to existing facilities.										

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Division of Health Service Regulation STATE FORM

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